## **NATIONAL INSTITUTES OF HEALTH**

Supplemental Information to the HHS Form 520

<u>Er</u>	nploy	yee Name:
<u>Pc</u>	sitio	n Title:
<u>Or</u>		zational Location: lude IC, division, laboratory, branch, etc.)
1.		ef description of employee's official duties. In addition, attach a copy of the position scription or billet.
2.	Bri	ef description of the outside activity.
3.		plain why the proposed outside activity is different from the scientific activities performed part of your official duties.
4.	A.	For intramural employees, is the outside organization a recipient or potential recipient of any grants or contracts from your laboratory/branch?  No Yes (If yes, describe)
		Is the outside organization a recipient of (or in the process of negotiating) any direct or indirect collaborative agreements or Cooperative Research and Development Agreements (CRADA) with your laboratory/branch?  No Yes (If yes, describe)
		Is there any direct or indirect support of staff, guest researchers, or other individuals in your laboratory/branch?  No Yes (If yes, describe)
	B.	For extramural employees, is the outside organization a recipient or potential recipient of any grants or contracts from NIH?  No Yes (If yes, describe)

5.	If consulting with a law firm, do you have any financial associations with the client (or potential beneficiary) in the matter for which you propose to consult?	
	No Yes (If yes, describe)	
The following questions must be completed for outside activities with for-profit organization. the answer to any question is YES, attach a separate sheet providing additional information of the item.		
6.	Have you ever been denied approval for this outside activity?	
	Yes No	
7.	Do you or any member of your family own stock, have stock options, or any other financial interest in the organization for which you propose to work?	
	Yes No	
8.	As a part of your official responsibilities, have you made procurement or financial decisions, or are there any pending decisions that you will have to make, which will affect the business prospects of your proposed employer?	
	Yes No	
9.	Have you worked, are you working, or do you anticipate working with a product of the company? If so, please described this work on an attached sheet.	
	Yes No	
10.	Are there any circumstances that you are aware of, associated with either the initiator of the request for outside activity or the prospective outside employer, which might create a real or apparent conflict of interest if this proposed activity is approved?	
	Yes No	

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